

NOTIFICATION OF DEATH OR CARDIAC ARREST

Affix Patient I.D. Here

THIS FORM SHOULD BE ENTERED ON THE PC AS SOON AS NOTIFICATION OF DEATH OR CARDIAC ARREST IS RECEIVED.

DATE 22

1 Date of event:        /  /    
                             mo    dy    yr

PATIENT DEATH

DIED 22

2 Did the patient die?      ☐ <sub>1</sub> yes    ☐ <sub>2</sub> no    ☐ <sub>3</sub> unknown

3 Preliminary assessment of cause of death:

\_\_\_\_\_

\_\_\_\_\_

1  
Complete Death or Cardiac Arrest form, CAST 23

\_\_\_\_\_  
Name of person filling out form

          
Code Number